Appendix M

RI Low-Income Home Energy Assistance Program

Rental Income Reported Form

Applicant Name:			
Address:			
City/Town:			
State/Zip Code:			
Address of Rental Property	One:		
Tenant Name:	Tenant's Name:	Tenant's Name:	
Monthly Rent:	Monthly Rent:	Monthly Rent:	
	1	1	
Address of Property Two:			
Tenant Name:	Tenant's Name:	Tenant's Name:	
Monthly Rent:	Monthly Rent:	Monthly Rent:	
Address of Property Three:			
Tenant Name:	Tenant's Name:	Tenant's Name:	
Monthly Rent:	Monthly Rent:	Monthly Rent:	
Please attach a separ	ate sheet if more space is needed	l	
	ation for <u>all</u> special payment arrangement	s you have with your tenants.	
pplicant Signature		Date	
ntake Worker		Date	